



Our Mission Is Changing Lives

# Union Gospel Mission - Twin Cities

First & Last Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(PLEASE PRINT)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Donation Form

### GIFT INFORMATION

Payment Method:  Cash  Check  
Amount: \$ \_\_\_\_\_ \*

- Please use my gift to help hungry & homeless men, women and children
- Program or fund this gift should be applied to: \_\_\_\_\_

Donation received by (UGM Staff First & Last Name): \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* You will be mailed a receipt

Would you like to receive information? Volunteer <sup>(please circle)</sup> Automatic Giving Plan Newsletter

Would you enjoy a tour of Union Gospel Mission? \_\_\_ Yes, please call me.